



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Larchfield Park Nursing Home
Name of provider:	Larchfield Park Care Centre Limited
Address of centre:	Monread Road, Naas, Kildare
Type of inspection:	Unannounced
Date of inspection:	03 July 2023
Centre ID:	OSV-0000056
Fieldwork ID:	MON-0040359

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Larchfield Park Nursing Home is a purpose-built single-storey centre located in a busy town. It caters for up to 70 people, with 66 long-stay beds available and four respite beds. Care can be provided for residents over 50 years of age, although predominantly for residents over 65 years of age. Larchfield Park provides long-term care, respite care and post-operative convalescent care. It provides care for adults with general care needs within the low, medium, high and maximum dependency categories. A pre-admission assessment is completed in order to determine whether or not the service can meet the potential resident's needs. Twenty-four-hour nursing care is provided. Rooms are either single or shared, and some of the rooms have full en-suite facilities, while some have shared en-suite facilities. Others have en-suite toilets and wash-hand basins. There are several sitting rooms and seating areas located around the centre. Kitchen, dining room and laundry facilities are provided. The environment was homely, well-decorated and in a style which was comfortable. Residents had access to safe and accessible enclosed courtyards and mature grounds with a seating area and parking at the front of the building. According to their statement of purpose, the centre aims to provide a high standard of personal and social care to older people in a residential setting so that each person is enabled to live as fulfilling and independent a life as possible.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	51
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 3 July 2023	08:50hrs to 16:20hrs	Helena Budzicz	Lead

What residents told us and what inspectors observed

Overall, residents spoke positively about their experience of living in Larchfield Park Nursing Home, particularly in relation to the food served and the care provided by staff. The inspector observed the care practices in the centre and found that the residents were supported to receive a good standard of care. The inspector spent time observing residents' daily life and care practices in the centre in order to gain insight into the experience of those living in the centre.

During the walkaround, the inspector saw that residents were being assisted with personal care while some residents were up and relaxing in various day rooms. Residents looked well-cared for and had their hair and clothing done in accordance with their preferences. There was a warm and friendly atmosphere in the home, and the inspector saw staff greet residents respectfully when entering rooms to provide personal care in the morning.

The inspector observed that the centre appeared clean to a high standard. Residents were accommodated in spacious and comfortable bedrooms. Residents' rooms were warm and bright and were personalised with photos, ornaments, memorabilia and other possessions.

Residents enjoyed home-cooked meals and stated that there was always a choice of meals, and the residents said that 'the quality of food was very good'. The meal time experience on both days was relaxed, and staff were observed to be respectful and discreetly assisted the residents during the meal times.

The inspector observed kind, courteous and person-centred interactions between residents and staff during the inspection, and it was obvious that the staff knew residents and were aware of their needs. Throughout the day, staff supervised communal areas, and those residents who chose to remain in their rooms or who were unable to join the communal areas were monitored by staff throughout the day. Residents were provided with opportunities to participate in recreational activities of their choice and ability. There was a schedule of activities in place, and residents told the inspector that they were free to choose whether or not they participated. The communal areas of the centre had been arranged to allow for group activities, and records showed that one-to-one activities and therapies were provided for residents who declined group sessions.

The centre had an open visiting policy, and it was evident that staff were familiar with the visitors in the centre. Visitors were observed meeting with the residents in their bedrooms and communal areas.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, this centre provided a good standard of care to residents living there. There was a clearly defined management structure in place, with effective management systems to monitor the centre's quality and safety.

This was a risk inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This inspection found sustained high levels of compliance across a range of regulations.

Larchfield Park Care Centre Limited is the registered provider for Larchfield Park Nursing Home. The person in charge is the provider representative and is supported by the director of nursing, a clinical nurse manager and a full complement of nursing and care attendants, activity coordinators, housekeeping, catering, administrative and maintenance staff. The management team was observed to have strong communication channels and a team-based approach to care delivery.

Staffing levels in the centre continued to meet the needs of the residents. The registered provider had a training matrix in place. Staff had access to mandatory training, including safeguarding of vulnerable adults, fire precautions, infection control and manual handling. Staff who spoke with the inspector demonstrated an awareness of their roles and responsibilities.

The management team provided clinical supervision. Staff who spoke with the inspector demonstrated an understanding of their roles and responsibilities. There was a comprehensive schedule of clinical audits in place to monitor the quality and safety of care provided to residents. Records indicated that quality improvement plans now clearly set out and tracked progress with any actions required to increase compliance.

A comprehensive resident satisfaction and feedback survey was completed and provided to the inspector. There was an annual review of the quality of the service provided for 2022, which included input from residents.

There were policies and procedures available to guide and support staff in the safe delivery of care.

The centre's complaints procedure was available, and the inspector was assured that all complaints received were managed in line with the complaints policy.

Regulation 14: Persons in charge

The person in charge was knowledgeable and was seen to be well-known to

residents and relatives. The person in charge had the required experience and qualifications as specified in the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were adequate numbers and a skill-mix of staff to meet the assessed needs of residents on the day of the inspection. The staff spoken with were knowledgeable of residents and their individual needs.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were supported and facilitated to attend training according to their roles and responsibilities. All staff were appropriately supervised according to their roles. An induction programme was in place for new staff, and the person in charge completed annual appraisals with all staff.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained an up-to-date directory of residents in the centre. The directory of residents reviewed by the inspector evidenced that it included all the information as set out in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured a contract of insurance against injury to residents was in place.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place, with identified lines of accountability and authority. The centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose (SOP) relating to the designated centre, containing all information as set out in Schedule 1 of the regulations. This was revised at intervals of not less than one year.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers engaged on a voluntary basis in the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were notified to the Chief Inspector, within the requirements of the regulation.

Judgment: Compliant

Regulation 32: Notification of absence

The person in charge was aware of the statutory requirements stated in the regulation that the provider should inform the Office of the Chief Inspector in writing in the event of the proposed absence of the person in charge from the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had an accessible and effective complaints procedure which included an appeals procedure. A review of the records found that complaints and concerns were promptly managed and responded to in line with the regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated in line with regulatory requirements.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The inspector was assured on the day of the inspection that the provider was aware of the notice to be given to the Office of the Chief Inspector in the absence of the person in charge from the centre. The centre had arrangements in place for the person who would deputise in the absence of the person in charge.

Judgment: Compliant

Quality and safety

Overall, the quality of care provided to residents was found to be good, and it was evident that residents' choices were respected and promoted in the centre. The inspector found that residents living in Larchfield Park Nursing Home had good

access to medical and health care services.

Arrangements were in place for the service to provide compassionate end-of-life care to residents in accordance with residents' preferences and wishes. Records clearly detailed the resident's preferences with regard to hospital transfer, their resuscitation status and end-of-life care needs and wishes.

Residents that had communication difficulties had their needs attended to with dignity and respect in a discreet manner. Staff knew their residents well and were aware of the communication needs of each resident.

The inspector was assured that medication practices were in line with the safe administration of medicines and professional guidance.

A guide for residents was available in the centre. This guide contained information for residents about the services and facilities as required in the regulations.

The management of risk in the centre was guided by the risk management policy. There was a risk register in place which identified risks in the centre and the controls required to mitigate those risks.

Copies of information provided when a resident was transferred out of the service to another service or back to the centre were retained in the centre.

The centre was working towards reducing restraints, and records showed that where restraints were in use, they were implemented following a risk assessment and consultation with the resident or their representative.

Regulation 10: Communication difficulties

The inspector saw that the communication abilities of all residents were reviewed. Residents' care plans demonstrated detailed assessments and plans of care for those with communication difficulties to ensure that all residents could communicate freely.

Judgment: Compliant

Regulation 13: End of life

Residents and, where appropriate, their relatives were involved in the decision-making process with regard to end-of-life wishes, preferences and advanced care

plans in consultation with the resident's general practitioner (GP).

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. The inspector saw that the daily menu was clearly displayed in the dining room. Residents knew the choices of dishes on offer and were complimentary of the food. There was enough staff member available to assist residents during meal times.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was available and included a summary of services available, the complaints procedure and visiting arrangements. A copy of the residents' guide was available to all residents.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The copy of the documentation completed for the temporary discharge of a resident to the hospital was reviewed, and it contained all relevant information about the resident. Upon return from the hospital, a discharge letter and relevant documentation were received and filed in the resident's individual record.

Judgment: Compliant

Regulation 26: Risk management

There was an up-to-date risk management policy which outlined specified risks and control measures in place to manage those risks. The risk management policy contained all of the requirements under regulation.

A review of the accident and incident log found that incidents were documented,

investigated and actions to address learning were identified following an incident
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based. Medicines controlled by misuse of drugs (MDA) legislation were stored securely, and balances were checked appropriately and correctly.
Judgment: Compliant
Regulation 7: Managing behaviour that is challenging
The inspector observed staff providing person-centred care and support to residents who experience responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Restrictive measures were risk-assessed, and review dates were in place in accordance with national policy.
Judgment: Compliant
Regulation 9: Residents' rights
Residents' rights to choice, privacy and dignity were respected in the centre. Residents' social activity needs were assessed, and their needs were met with access to a variety of meaningful individual and group activities. Residents were supported to exercise their civil, political and religious rights.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant